

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hug</i>		<i>7/28/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>69052</i>	<i>68/12/99</i> <i>7-26-99</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim		Date
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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